

**STATE OF IDAHO**  
Department of Environmental Quality  
REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

Date: \_\_\_\_\_

Name of Person Submitting Request: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of public records requested for disclosure:

---

---

---

---

---

---

---

---

---

---

IDAHO STATE LAW PROHIBITS USE OF DISCLOSED INFORMATION AS A MAILING LIST. Violations are subject to Civil Penalties of up to \$1000 (I.C. 9-348).

Idaho State Code exempts certain documents from public disclosure. If the public records you are seeking to examine or copy are exempt from disclosure, you will be notified.

\_\_\_\_\_  
**SIGNATURE OF REQUESTOR**

I agree to reimburse the Idaho Department of Environmental Quality according to the [established fee schedule](#).

Send to:  
Department of Environmental Quality  
1410 N. Hilton, Boise, ID 83706  
Fax: (208) 373-0417